

WEST VIRGINIA OFFICES of the INSURANCE COMMISSIONER
Agents Licensing & Education
(304) 558-0610

2006 C. E. REINSTATEMENT FORM
Due to Non-Compliance with Continuing Education
For the 7-1-2003 thru 6-30-2006 Reporting Period

WV License # _____

PRINT Full Name:

(Last Name – First -- Middle)

Home Address: _____

☐ Check if this is a new address

Residents -- If you have moved from West Virginia to another state, contact our office before proceeding.

I understand the above referenced license was Suspended for non-compliance with continuing education requirements for the reporting period that began 7-1-2003 and ended 6-30-2006.

Attached are copies (keep originals for your records) of course completion certificates that will be applied to my record for the reporting period that ended 6-30-2006. Any courses with a completion date AFTER 6-30-2006 are subject to the payment of the fees (pursuant to WV Administrative Code of State Rules 114-42-6.5) calculated below. I understand that, once my license has been reinstated to active status, I must pursue additional continuing education courses for the period that began 7-1-2006 and will end 6-30-2008.

I further understand that I must be re-appointed to any insurance company I intend to represent in West Virginia and I will contact the company(ies) and advise them to submit the proper appointment and fee to the West Virginia Insurance Department.

Signature: _____ Date: _____

Hours completed

AFTER 6-30-2006 x \$5.00 per hour = Total due for reinstatement

		\$
Ck./MO #	Date of Ck./MO:	

Check or Money Order (No Cash) payable to: WV Offices of Ins. Comm.

Mail form and fee to:
WV Offices of the Ins. Comm.
Agents Licensing & Education
PO Box 50541
Charleston WV 25305-0541

Overnight Address: 1124 Smith St.
Charleston WV 25301